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Substitute for form 1449/PTO		<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> (Use as many sheets as necessary)		Application Number	
		Filing Date	
		First Named Inventor	Robert D. Ohler
		Art Unit	
		Examiner Name	
		Attorney Docket Number	71,001-005

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U. S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (if known)			
BA		US- DES 201,815	08/03/1965	Greenberg	
		US- Des 231,516	04/30/1974	Johnson	
		US- Des. 356,756	03/28/1995	Kilk et al.	
		US- Des. 402,592	12/15/1998	Fireman	
		US- Des. 402,593	12/15/1998	Fireman	
		US- D447,982 S	09/18/2001	Ohler	
		US- D465,746 S	11/19/2002	Fireman et al.	
		US- D465,748 S	11/19/2002	Fireman et al.	
		US- 2,139,513	12/06/1938	Nelson et al.	
		US- 2,829,202	04/08/1958	Stocker	
		US- 3,414,284	12/03/1968	Rosekrans, Jr. et al	
		US- 3,522,952	08/04/1970	Uttenthaler	
		US- 3,580,598	05/25/1971	de Pauw	
		US- 3,628,804	12/21/1971	Carreiro	
		US- 3,952,354	04/27/1976	Turner	
		US- 4,256,319	03/17/1981	Winter	
		US- 4,331,340	05/25/1982	Bolen	
		US- 4,561,664	12/31/1985	Cashmere	
BA		US- 4,666,171	05/19/1987	Sellers	

FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear
		Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)			

Examiner Signature	Budget Agency	Date Considered	5/02/05
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Substitute for form 1449/PTO

# INFORMATION DISCLOSURE STATEMENT BY APPLICANT

**(Use as many sheets as necessary)**

Sheet	2	of	2
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**Complete if Known**

Application Number	
Filing Date	
First Named Inventor	Robert D. Ohler
Art Unit	
Examiner Name	
Attorney Docket Number	71,001-005

[illegible][illegible]

Examiner Signature	<i>B. Let Arroyo</i>	Date Considered	5/02/05
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